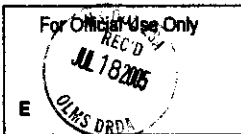


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3430</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>David</u> <u>V</u> <u>Torgerson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>835 West 7th Street</u> City <u>Whitefish</u> State <u>Montana</u> ZIP Code + 4 <u>59937-3224</u>	4. Name, file number, and address of labor organization. Name <u>Brotherhood of Locomotive Engineers &amp; Trainmen</u> Labor Organization File Number <u>009-049</u> P.O. Box, Building and Room Number, if any _____ Street <u>431 West 4th Street</u> City <u>Whitefish</u> State <u>Montana</u> ZIP Code + 4 <u>59937</u>
5. Position in labor organization. <u>Legislative Representative Divn 499</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

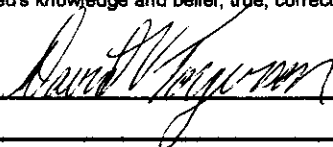
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
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### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

07/10/2005

Date

406-862-4384

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Yeager Jungbauer Barczak &amp; Vucinovich, PLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 745 Kasota Avenue

City Minneapolis

State Minnesota ZIP Code + 4 55414

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Burlington Northern Santa Fe Railroad

Trade Name, if any: BNSF

P.O. Box, Bldg., Room No., if any

Street 2500 Lou Menk Drive

City Fort Worth

State Texas ZIP Code + 4 76131

## 11.a. Nature of such dealing.

YJB&V is a designated legal counsel law firm for BELT union members that are employed by the BNSF. This usually is for FELA claims involving physical injury to employee.

11.b. information not available to me

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Meals and drinks from 5/20/2004 to 5/22/2005 during the Montana BLET State Legislative Board Meetings. Value estimated.

## 12.b. Amount.

\$200

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.